



Cobb County Business License Division
191 Lawrence Street
Marietta, GA 30060-1692
Phone – 770-528-8410
Fax – 770-528-8414
Website Address – www.cobbcounty.org

Check off list and Application for a Massage Practitioner's License

- ☐ 1. All attachments must be typed or legibly written in black ink.
- ☐ 2. Applicant must sign and have notarized the attached criminal history consent form.
- ☐ 3. Resume – giving qualification for the massage practitioner and attach supporting documents.
- ☐ 4. All applicants must provide original, government-issued, picture identification to the Business License Division to verify identity and copy.
- ☐ 5. Registered aliens must provide ORIGINAL immigration card I-551 and naturalized citizens must provide ORIGINAL certificate of naturalization to the Business License Division. If otherwise admitted into the United States, please provide original INS documents.
- ☐ 6. Copy of diploma and transcript from a state certified school showing the completion of:
 - A. A course of study of not less than 600 credit hours, consisting of a curriculum of physical culture, massage, hydrotherapy, electrotherapy, hygiene, health service management and other such subjects.
 - (OR)**
 - B. Copy of certificate issued by National Certificate Board for Therapeutic Massage and Bodywork (NCBTMB) certifying applicant as nationally certified in massage.
- ☐ 7. Provide two (2) passport size, 2x2 pictures of applicant.
- ☐ 8. Prior to taking this application to the Cobb County Drafting Section, located on the basement floor at 191 Lawrence Street, Marietta, GA, please complete the district, land lot, and parcel numbers in question 16.
- ☐ 9. Completed applications with all of the above should be submitted to the Cobb County Business License Division, 191 Lawrence Street, Marietta, Georgia 30060-1692.
- ☐ 10. Lease on all 10-99 or independent business.

If you are a W-2 employee of the establishment your fee is a \$ 200.00 regulatory fee. Please provide proof that applicant is an employee, i.e. W-4, check stub, etc.

OR

If you are a 10-99 employee of the establishment your fee starts at \$ 290.00. This fee includes the regulatory fee of \$200 and estimated occupation tax of \$90. A lease from the landlord, if a new establishment, or a contract between the applicant and business owner, if the business is already established, must also be provided to the Business License Division.

Applicant Procedure:

After the application is submitted to the Business License Division it will be forwarded immediately to the Cobb County Police Department, which will complete a criminal history investigation in a week to ten (10) days. Once the application is investigated, the application will be considered by the Business License Division. Upon approval of the application by the Business License Manager, all license fees and occupational taxes must be paid within two (2) weeks of approval. License fees are \$ 200 regulatory fees plus the gross receipt fee (if independent contractor), which is based on your estimated gross receipts for the calendar year. If the application is denied, an appeal may be filed within ten (10) days to the License Review Board. A license fee and occupational tax are required in each location that a massage practitioner practices in Cobb County. A change of address requires filing the attached completed application and approval of the new location by the Business License Division Manager. **Applicants are not authorized to operate until the applicant's license is issued.** All approved massage therapists are required to maintain record of all sessions made by the therapist.

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Application for Massage Practitioner

1. Business name: _____
2. Business Address: _____
3. Are you a W-2 employee or an independent contractor (10-99) for the establishment?

4. Full Name of practitioner (do not use initials): _____
5. Social Security Number: _____
6. Business Phone: _____ Home Phone: _____
7. Home Address: _____
8. Number of years at present address: _____
9. Race: _____ Sex: _____ Height: _____ Age: _____ Hair color: _____ eye color: _____
10. Place of birth: _____ Date of birth: _____
11. U.S. Citizen by (please check one): Birth _____ Naturalization _____
If naturalized: Certificate No. _____
Date, place and Court: _____
Petition no.: _____ derived parents certificate No.(s): _____
If not a citizen, please complete the following:
Alien Registration no.: _____ Native Country: _____
Date and port of entry: _____

MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS

If you are not a citizen or do not have an I-551 Card, under what authority are you legally in this country? (Please provide original documentation) _____

12. Are you: Single () Married () Widowed () Divorced () Separated ()

13. If married or separated, complete the information requested below on spouse.

Place of marriage: _____ Date of marriage: _____

Full name of spouse: _____

Place of birth: _____ Date of birth: _____

Social Security Number: _____ wife's maiden name: _____

U.S. Citizen by (please check one): Birth _____ Naturalization _____

If naturalized: Certificate No. _____

Date, place and Court: _____

Petition no. _____ derived parents certificate No.(s): _____

If not a citizen, please complete the following:

Alien Registration No. _____ Native Country: _____

Date and port of entry: _____

MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS

Name of spouse's employer: _____

Address: _____

City, State, Zip: _____

Phone number: _____

14. Education.

Name of massage therapy school(s)	Address of school(s) attended	Dates Attended	Diploma Received	Number of Credited Hours Received

15. List jobs for the past five years.

From Month/Year	To Month/Year	Occupation/Description or Duties Performed	Name, address, phone number of employer	Salary	Reason for Leaving

16. List residences for the past five years.

From	To	Street	City	State

16. Have you ever been:

A. **Arrested** Yes () No () B. **Convicted** Yes () No ()

C. **Detained** Yes () No () D. **Indicted** Yes () No ()

E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendere** Yes () No ()

G. **On Probation** Yes () No ()

H. If you answered "**YES**" to any of these questions, list below in complete detail the dates, charges, place of arrest, and disposition of charge(s). (Failure to make a full disclosure in response to question number 16 will result in a denial of the application or a revocation of the license if information requested was not given for any reason.)

17. Has this location been cited for any violation previously or any employee, while working at this location, ever been cited for any violation? (If yes, please give the date of the violation, type of violation and name of person cited) _____

18. How is property zoned? _____

District: _____ Land lot: _____ Parcel No.: _____

Signature of Drafting Section Staff Member

I, _____, Affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is ground for automatic dismissal of this application and/ or revocation of the license. I understand that all signs on my premise must be permitted by the Cobb County Code Enforcement Division (770-528-2180) and the Fire Marshal’s Office must be contacted in reference to a Certificate of Occupancy (770-528-2310).

This _____ day of _____ 20__.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

Date

CONSENT FORM

**I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY
CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN
THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.**

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SS NUMBER

SIGNATURE

NOTARY PUBLIC

DATE